

are committed to achieving the SDG targets through multi-pronged initiatives, such as, awareness generation, capacity building, implementation of Centrally Sponsored and Central Sector Schemes, and SDG monitoring through the National Indicator Framework and SDG India Index. However, it is the States and Union Territories that are the key drivers for achieving the SDGs within the stipulated time frame.

Policy for curbing increase in population

2993. SHRI VIJAY PAL SINGH TOMAR:

SHRI HARNATH SINGH YADAV:

LT. GEN. (DR.) D. P. VATS (RETD.):

Will the Minister of PLANNING be pleased to state:

(a) whether any policy has been framed by Government to curtail the increasing population of the country due to which the alarming situation has been arising in the country; and

(b) if so, the details thereof and if not, the reasons therefor?

THE MINISTER OF STATE OF THE MINISTRY OF PLANNING (RAO INDERJIT SINGH): (a) and (b) The National Population Policy, 2000 affirms the commitment of Government towards voluntary and informed choice and consent of citizens while availing of reproductive health care services, and continuation of the target free approach in administering family planning services. The immediate objective of the NPP 2000 is to address the unmet needs for contraception, health care infrastructure, and health personnel and to provide integrated service delivery for basic reproductive and child health care.

The National Health Policy, 2017 also recognizes the importance of population stabilization and states "that improved access, education and empowerment would be the basis of successful population stabilization".

As a result of various initiatives undertaken by Ministry of Health and Family Welfare, Total Fertility Rate (TFR) has declined from 3.0 (in 2003) to 2.2 (in 2017). A brief note on the initiatives undertaken by Ministry of Health and Family Welfare is given in the Statement.

Statement

Information regarding Family Planning initiatives of Ministry of Health and Family Welfare:

The Government of India adopted the National Population Policy in the year 2000 (NPP-2000), and the National Health Policy (NHP) in the year 2017. The NPP 2000 aimed to achieve the immediate objective of addressing the unmet need for family planning, mid-term objective of attaining TFR 2.1 by 2010, and long term objective of population stabilization by 2045.

The NHP 2017 aims to reduce the Total Fertility Rate (TFR) to 2.1 at national and sub-national level by 2025. The National Family Planning Programme of the Ministry of Health and Family Welfare is guided by the tenets of the National Policies.

Schemes under the National Family Planning programme:

1. **Mission Parivar Vikas** – The Government has launched Mission Parivar Vikas on 10th November, 2016 for substantially increasing access to contraceptives and family planning services in 146 high fertility districts with Total Fertility Rate (TFR) of 3 and above in seven high focus states. These districts are from the states of Uttar Pradesh (57), Bihar (37), Rajasthan (14), Madhya Pradesh (25), Chhattisgarh (2), Jharkhand (9) and Assam (2) that itself constitutes 44% of the country's population.
2. **Compensation scheme for sterilization acceptors** – Under the scheme MoHFW provides compensation for loss of wages to the beneficiary and also to the service provider (and team) for conducting sterilizations. The package was enhanced in November, 2014 for 11 high focus high TFR states (8 EAG, Assam, Gujarat, Haryana), and further increased in November 2016 under Mission Parivar Vikas.
3. **Clinical Outreach Teams (COT) Scheme** – The scheme has been launched in 146 Mission Parivar Vikas districts w.e.f. December 2017 for providing family planning services through mobile teams from accredited organizations in far-flung, underserved and geographically difficult areas.
4. **New Contraceptive Choices** – New contraceptives viz. Injectable contraceptive (Antara program) and Centchroman (Chhaya) have been added to the existing basket of choices in 2015-16.

5. **Redesigned Contraceptive Packaging** – The packaging for Condoms, OCPs and ECPs has been improved and redesigned since 2015 in order to increase the demand for these commodities.
6. Scheme for **Home delivery of contraceptives by ASHAs** at doorstep of beneficiaries launched in August 2011.
7. A new method of IUCD insertion immediately after delivery *i.e.* **post-partum IUCD (PPIUCD)** has been introduced in 2010. PPIUCD incentive scheme has been operational w.e.f. 01.01.2014.
8. Scheme for **ASHAs to Ensure spacing in births** launched on 16th May, 2012 – The scheme is being implemented in 18 states of the country (8 EAG, 8 North East, Gujarat and Haryana). Additionally the spacing component has been approved in West Bengal, Karnataka, Andhra Pradesh, Telangana, Punjab, Maharashtra, Daman, Diu and Dadra and Nagar Haveli.
9. Scheme for provision of **Pregnancy Testing Kits** in the drug kits of ASHAs for use in communities. The Scheme was introduced in 2013.
10. **National Family Planning Indemnity Scheme (NFPIS)** under which clients are insured in the eventualities of death, complication and failure following sterilization. The scheme was introduced in 2005 and implemented through an insurance company. It was revised in 2013 and is now being operated by the State Governments directly with NHM funding.
11. Ensuring quality of care in Family Planning services by establishing **Quality Assurance Committees** in all states and districts.
12. **Family Planning Logistic Management and Information System (FP-LMIS)** – A dedicated software launched in 2017, to ensure smooth forecasting, procurement and distribution of family planning commodities across all the levels of health facilities.
13. Appointment of dedicated **RMNCH+A counselors** at high case load facilities since 2013.
14. Improved Demand generation activities through a **holistic media campaign** – 1st phase launched in 2015, and the present 2nd phase in 2016.